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FACSIMILE COVER SHEET

August 5, 2005

Receiver: Examiner Joseph L. Williams
Group Art Unit 2879

TEL #:

FAX #: 571-273-8300 (central fax)

Sender: Joseph M. Villeneuve

Our Ref. No.: IMECP019

Re: U.S. Application No. 10/806,895

Pages Including Cover Sheet(s): 18

MESSAGE:

Examiner Williams:

Attached please find the following documents for filing in the above-referenced application:

- 1. Amendment Transmittal; and**
- 2. Amendment After Allowance, Before Payment of Issue Fee.**

Respectfully submitted,



**Joseph M. Villeneuve
Reg. No. 37,460**

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Andrei et al.

Attorney Docket No.: IMECP019

Application No.: 10/806,895

Examiner: Williams, Joseph L.

Filed: March 22, 2004

Group: 2879

Title: DISPLAYS WITH ALL-METAL
ELECTRONICS

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on August 5, 2005.

Signed: 

Mir Mitchell-Haynes

AMENDMENT TRANSMITTAL

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

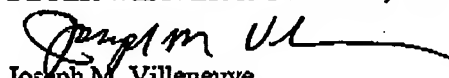
Transmitted herewith is an Amendment After Allowance, Before Payment of Issue Fee for filing in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	64	MINUS	64	0	x 25 = 0	x 50 =
Independent Claims	5	MINUS	5	0	x 100 = 0	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$0	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IMECP019).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


Joseph M. Villeneuve
Reg. No. 37,460

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Oakland, CA 94612-0250

AUG. 5. 2005 11:26AM 5106630920

AUG 05 2005

NO. 952 P. 3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Signed: 

Mia Mitchell

**AMENDMENT AFTER ALLOWANCE, BEFORE PAYMENT OF ISSUE FEE
PURSUANT to 37 C.F.R. §1.312 (a)**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Subsequent to the Notice of Allowance dated June 24, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 16 of this paper.